

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>3</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Michael R		<div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg);"> RECEIVED OCT 2017 COUNCIL SERVICES CITY OF BRYAN </div>		
	NICKNAME LAST SUFFIX Mike Southerland SR				
4 ORIGINAL REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report </div> <div> <input type="checkbox"/> Other (specify) _____ </div> </div>		Date Received Date Hand-delivered or Date Postmarked <div style="display: flex; justify-content: space-between;"> Receipt # Amount \$ </div>		
	5 ORIGINAL PERIOD COVERED Month Day Year THROUGH Month Day Year <u>7</u> / <u>1</u> / <u>2017</u> THROUGH <u>9</u> / <u>28</u> / <u>2017</u>		Date Processed Date Imaged		

6 EXPLANATION OF CORRECTION

Additional reporting for donors \$50 and under required by the City of Bryan not State requirements.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

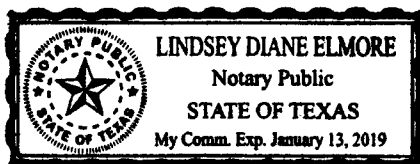
Check ONLY if applicable:

N/A ☐

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

N/A ☐

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Michael "Mike" R Southerland this the 18 day of OCT

2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Michael R "Mike" Southerland, Sr

3 Filer ID (Ethics Commission Filers)

4 Date

9/22/2017

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Donna Hanna Calvert

7 Amount of contribution (\$)

10.00

6 Contributor address:

City; State; Zip Code

1004 HEREFORD ST COLLEGE STATION TX 77840

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/22/2017

Full name of contributor

☐ out-of-state PAC (ID# _____)

Audry Patton

Amount of contribution (\$)

20.00

Contributor address:

City; State; Zip Code

306 Columbia Ct College Station TX 77840

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22/2017

Full name of contributor

☐ out-of-state PAC (ID# _____)

Janis Atkins

Amount of contribution (\$)

40.00

Contributor address:

City; State; Zip Code

745 Oak Ln Bryan TX 77802

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22/2017

Full name of contributor

☐ out-of-state PAC (ID# _____)

Irene

Amount of contribution (\$)

50.00

Contributor address:

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

120

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Michael R "Mike" Southerland, Sr		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginny Smith 6 Contributor address; City; State; Zip Code 203 College View Bryan TX 77801	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/1/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmela Garritano Contributor address; City; State; Zip Code 2910 Windowmere Bryan TX 77802	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/4/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane Breeding Contributor address; City; State; Zip Code 3504 Carter Creek Parkway Bryan TX 77802	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
90		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		